

# The role of general practice in prevention and health promotion

Policy endorsed by the 48th RACGP Council, 18 May 2006

Prepared by the RACGP National Standing Committee – Quality Care

The Royal Australian College  
of General Practitioners'  
position on the importance  
of preventive health care and  
health promotion, and the  
general practitioner's role in  
prevention, health care and  
health promotion



THE ROYAL AUSTRALIAN  
COLLEGE OF  
GENERAL PRACTITIONERS

## Introduction

Prevention is based on the belief that it is better to avoid disease or disability than to treat the disease or disability. It is more effective to immunise a child against hepatitis than manage the impact of the disease later in life. It is more effective to provide advice on healthy weight and diet than manage noninsulin dependent diabetes mellitus.

Similarly it is more effective for patients and society, and more satisfying for the general practitioners (GPs) to minimise the impact of disease, to encourage patients to quit smoking now, rather than to treat them for lung cancer in 20 years. It is medically and financially advantageous to keep the blood glucose level of a person with diabetes under control to minimise the complications of diabetes rather than allow big swings in glucose levels with the knowledge that people will suffer at some point in the future as a result.

Prevention is the key to Australia's future health – both individually and collectively, and general practice has a pivotal role to play in that process.

More than any other area of medicine, general practice is the specialty where GPs can help patients work toward being the healthiest they can be. It is personalised care based on an ongoing relationship with patients in the context of their family, friends and community. Preventive care is based on a partnership between a GP and a patient, designed to help each patient reach his/her goals of maintaining or improving health.

## Background

General practitioners and general practice team members play an essential role in promoting health and preventing disease.

The World Health Organisation defines health promotion as 'the process of enabling people to increase control over, and improve their health'. Health promotion activities may influence an individual's behaviour, eg. to take up exercise or quit smoking, or operate at the broader community level, eg. provision of bike paths or bike helmet legislation.

Prevention is often defined as having three levels:

- **Primary:** the promotion of health and the prevention of illness, eg: immunisation and making physical environments safe
- **Secondary:** the early detection and prompt intervention to correct departures from good health or to treat the early signs of disease, eg. cervical screening, mammography, blood pressure monitoring and blood cholesterol checking
- **Tertiary:** reducing impairments and disabilities, minimising suffering caused by existing departures from good health or illness, and promoting patients' adjustment to chronic or irremediable conditions, eg. prevention of complications by self monitoring of defined parameters supported by their GP.

Preventive medicine is medicine designed to avert and avoid disease. Screening and treating hypertension before it causes disease is good preventive medicine. Preventive medicine is a 'proactive approach'.<sup>1</sup> Alternately, wellness is described as 'a healthy state of wellbeing free from disease'.<sup>2</sup>

There are many factors that affect Australia's health status. Our population is aging. By 2020, 15–20% of the population will be aged over 70 years. Aging has been strongly linked to increased use of health services. As the Australian population ages, the proportion of people with long term illness increases. At the same time, the health workforce is strained and cost pressure from new technologies is placing pressure on limited health budgets. Measures to improve the cost effectiveness of our health system are essential.

A significant proportion of death, illness and injury in Australia is preventable, eg:

- **Tobacco smoking** is the single largest preventable cause of disease and premature death in Australia, and kills more than 19 000 Australians per year. It is estimated to cost the Australian community about \$21 billion in social costs per year<sup>3</sup>
- **Obesity** (and its associated illnesses) is estimated to cost Australian society and governments as much as \$1.2 billion per year, and the cost is rising. In Australia, 67% of men aged 25–64 years and 52% of women in the same age group are more than 5% above their ideal weight. Obesity is a major risk factor for chronic conditions including diabetes, heart disease, stroke, and some cancers<sup>4</sup>

- **Diabetes** can cause serious long term health problems such as blindness, kidney failure and heart attack. Diabetes is the sixth leading cause of death in Australia, claiming over 3300 lives and costing the nation more than \$1.2 billion per year. It is estimated that almost 1 million Australians have diabetes, but many of them do not know it. Studies indicate that the rate of diabetes in some Aboriginal and Torres Strait Islander communities is as high as 30%, compared with 7% among non-Indigenous Australians<sup>5</sup>
- **High alcohol consumption** is estimated to cause about 3000 deaths and 65 000 hospitalisations each year. Inappropriate consumption of alcohol is responsible for almost 5% of the total disease burden in Australia and costs the Australian community \$7.6 billion per year.<sup>6</sup>

It is possible to maintain wellness and/or reduce the impact of illness once a risk is identified. The major risk factors are tobacco, physical inactivity, hypertension, alcohol, obesity, lack of fruit and vegetables, hyperlipidaemia, illicit drugs, occupation and unsafe sex.<sup>7</sup> Furthermore, major causes of mortality, such as vascular disease, chronic obstructive pulmonary disease, cancer, diabetes and dementia, are amenable to tertiary prevention.<sup>8</sup>

Preventable health problems place a substantial and ultimately unsustainable burden of suffering on individuals, families and communities, as well as place a heavy burden on society as they draw on scarce health care resources.

The RACGP views illness prevention and health promotion as a shared responsibility – shared by all health care providers, the community and government.

## Issues

There is a broad level spectrum of ‘prevention services’ that enhance and promote health: avoid risk; reduce risk; identify disease early; and reduce complications (*Table 1*).

<b>Table 1. Prevention services</b>	
<b>Level</b>	<b>General practice example</b>
Health enhancement/promotion	Health lifestyle counselling including nutrition and physical activity advice
Risk avoidance/remaining healthy	Ensuring that those at low risk of disease remain at low risk through immunisation, encouragement of breastfeeding and physical activity
Risk reduction	Targeting individual patients or groups with a moderate or high risk of disease or injury. Includes advising on smoking, alcohol, unsafe sexual practices, mammography and screening and treating patients for risk factors such as high blood pressure and raised serum cholesterol levels, opportunistic screening for depression
Early identification	Screening those detected with diseases at an asymptomatic stage when treatment can improve the outcome. Risk is assessed through consideration of the evidence applied to particular patients or groups. Includes recommending mammography screening, Pap tests, faecal occult blood test for colon cancer
Complication reduction	Prescribing treatments for those with an illness to prevent further complications, including influenza immunisation for those with a chronic disease, pneumococcal vaccination for smokers, use of warfarin in the presence of atrial fibrillation to reduce the incidence of stroke, lipid lowering agents to reduce the incidence of subsequent coronary events, best practice management of chronic disease, eg. tight control in diabetes hypertension

## General practitioners and prevention

General practitioners provide comprehensive, holistic health care to patients, including preventive, curative and rehabilitative care on a continuous and long term basis to all members of a community. A key role of general practice is to prevent disease. The Relative Effectiveness Study found that GPs are best at preventing illness in higher risk groups rather than low risk groups. There is less evidence of effectiveness in health promotion.<sup>9</sup>

A key role for general practice is the maintenance of wellness as a positive state as well as incorporating the prevention of illness, injury and disease, rehabilitation of those with chronic illness and the reduction in the burden of illness in the community.<sup>10</sup> BEACH data indicates that GPs are providing preventive care services. For example, nonpharmacological treatments increased from 1998–1999 to 2001–2002. In 2001–2002, SNAP (Smoking, Nutrition, Alcohol and Physical activity) counselling occurred in 9.9% of encounters, increasing from 6.4% in 1998–1999. However, immunisation occurred as a reason for encounter in 4.7% of encounters in 2001–2002, a slight decrease from 5.2% in 1998–1999.<sup>11</sup>

Eighty-six percent of the Australian population visits a GP each year.<sup>12</sup> Within those consultations, GPs have the opportunity to promote health, undertake opportunistic prevention, anticipate needs by providing reminders and proactively target those at high risk who may not seek care.

There are limitations to opportunistic enquiry. To reach the majority of patients, who are eligible for a preventive activity, and secure optimal benefit for a practice population, requires a proactive and/or systematic approach. Using practice nurses and the right tools are essential in developing a practice wide prevention approach.

The use of age/sex and disease registers, reminders, preventive care templates, patient questionnaires and patient education material aids GPs to provide systematic care to all patients. It is useful to consider using the one 'free' minute in a consultation to identify the single prevention activity that would make a difference for a patient at this point in time.

The RACGP *Putting prevention in practice* (green book) outlines strategies that GPs can use in the consultation and that practices can implement, as well as how to use community resources effectively. The green book suggests that a PRACTICE framework (Table 2) underlies activities.

**Table 2. PRACTICE framework**

<b>P</b>	Principles	Patient centred, feasible, respectful of context, strengthen partnerships, evidence based, outcomes focused, sustainable
<b>R</b>	Receptivity	Readiness for change and key staff and stakeholder agreement on changes required
<b>A</b>	Ability	Knowledge, attitudes, beliefs and skills to effect care
<b>C</b>	Coordinated	Establishing processes to oversee and implement care
<b>T</b>	Targeted	Identifying priority interventions, target group and establishing benchmarks for performance
<b>I</b>	Iterative cycles	Establishing a cyclical planning process that measures progress; is adaptable and allows for reflection
<b>C</b>	Collaboration	Working with the right staff and stakeholders
<b>E</b>	Effectiveness and efficiency	Being strategic, systematic and operating at a number of levels. Ensuring your strategies are 'do-able' within the practice routinely

However, Duke University study has estimated that providing all the recommended high quality preventive care tasks for patients would add approximately 7.4 hours to the day of already busy doctors.<sup>13</sup> As GPs have limited time with each patient, it is important that each activity is based on sound research evidence of what is actually effective.

Consequently, it is important for GPs to prioritise prevention screening and to institute strategies to ensure that patients requiring screening are screened and that systems are available to track results.

The RACGP *Guidelines for preventive activities in general practice* (red book) provides a guide to the evidence of benefit of various screening options (Table 3). The red book is available on the RACGP website at [www.racgp.org.au/redbook/](http://www.racgp.org.au/redbook/).

<b>Table 3. Prevention benefits patients and the general practice team</b>	
<b>Who</b>	<b>Benefit</b>
Patients	<p>Patients will often respond positively to brief prevention activities and interventions, specifically cancer screening and lifestyle changes</p> <p>Effective preventive care enhances quality of life, reduces unnecessary morbidity and mortality, and improves health outcomes</p>
GPs	<p>GP satisfaction is improved by greater clarification of what is feasible, effective and worthwhile</p> <p>Government financial initiatives and programs are available</p> <p>Patients expect their GP to provide preventive care</p> <p>Patients value GPs taking a more holistic and comprehensive approach to care</p> <p>Most GPs want the best outcome for their patient ... the conundrum is where the time is expended</p> <p>There is the potential to better manage risk and address fears of litigation</p>
Practice staff	<p>Efficient practice organisation can enhance the role of the GP through ensuring better care of patients is provided</p> <p>Better results may be achieved through prevention</p> <p>Roles and responsibilities are clearer in the provision of care</p> <p>Teamwork is encouraged<sup>14</sup></p>
Divisions network	<p>Supporting general practice to implement prevention through education, practice visits, operationalising the green book</p>

Despite these benefits, provision of preventive care in general practice is less than optimal:

- 10–15% of patients have not had their blood pressure measured in the past 24 months
- 20–30% adults have not had their lipids tested in the past 5 years
- 60–70% have not been asked about their alcohol consumption
- 20% have not been asked about their smoking status and only 10% are given advice from the GP to quit
- 30–50% with a tetanus prone wound would not have had a tetanus booster.<sup>15</sup>

More generally, there is a long lag time between the availability of new knowledge and its integration in usual clinical practice.<sup>16</sup>

There are a number of factors that limit general practice capacity to establish and maintain effective preventive care services:

- lack of time
- competing priorities
- workforce shortages
- lack of support systems, and
- remuneration issues.<sup>17</sup>

Furthermore, there is a dilemma for GPs in balancing preventive care with ongoing patient care and treatment, limited knowledge of the effectiveness of preventive medicine, suboptimal office environment processes, and remuneration rates for prevention.

### The RACGP role in preventive health

The RACGP plays a significant role in building the capacity of GPs to provide preventive health care and in working with national organisations, including the Australian Government, to ensure a sustainable general practice role in prevention. The RACGP:

- Advocates at the national and state levels to ensure all Australians can access preventive health care services and resources. For example, in 2005 the RACGP advocated and developed policy positions on messaging on cigarette packages and smoking in public places. In 2006 the RACGP and Australian Medical Association campaigned for a preventive care MBS item.
- Networks with like minded organisations such as the National Heart Foundation, Action on Smoking and Health, and Diabetes Australia on a range of preventive health issues.
- Develops various guidelines to support general practice provide systematic care to all Australians, eg. red book.
- Reviews the literature and offers GPs advice on how to implement prevention in a planned, systematic way, eg. green book.
- Includes health promotion and preventive care requirements in the *Standards for general practices*. Criterion 1.31 outlines a systematic approach to prevention including provision of patient material and reminder and prompt systems for GPs.
- Supports and disseminates material on effective information systems that build preventive capacity, eg. GPCG IM/IT material.
- Includes prevention in training curriculum for all GPs and regularly includes preventive scenarios and questions in its assessment processes.
- Includes articles in college publications, eg. *Australian Family Physician*.
- Has developed preventive care modules as part of *gplearning* (online education).
- Reports on the 'state of preventive activities in Australian general practice' through benchmarking activities are yet to be defined.

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